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CONFIRMATION NO. 5370

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.								
10/557,105	11/14/2005 RULE	360	3767	17572-79(AP)								
APPLICANTS Steven D. Kimmel, Granada Hills, CA; Scott J. Gerondale, Mission Viejo, CA; ** CONTINUING DATA ***** This application is a 371 of PCT/US04/19491 06/17/2004 which claims benefit of 60/480,320 06/20/2003 and claims benefit of 60/480,784 06/23/2003 and claims benefit of 60/480,665 06/23/2003 and claims benefit of 60/484,069 07/01/2003 and claims benefit of 60/491,159 07/29/2003 and claims benefit of 60/494,463 08/11/2003 and claims benefit of 60/497,780 08/26/2003 and claims benefit of 60/497,992 08/26/2003 E. W. ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/20/2006												
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>/EMILY L WACHTEL/</u> <u>Examiner's signature</u> <u>Initials</u>												
ADDRESS Brent A Johnson Allergan Inc 2525 Dupont Drive T2-7H Irvine, CA 92612 UNITED STATES		<table border="1"> <thead> <tr> <th>STATE OR COUNTRY</th> <th>SHEETS DRAWINGS</th> <th>TOTAL CLAIMS</th> <th>INDEPENDENT CLAIMS</th> </tr> </thead> <tbody> <tr> <td>CA</td> <td>19</td> <td>12</td> <td>5</td> </tr> </tbody> </table>			STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS	CA	19	12	5
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CA	19	12	5									
TITLE Needleless injectors												
FILING FEE RECEIVED 1900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1"> <tbody> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </tbody> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit		
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